

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>	<i>[Signature]</i>	9/21/99
O.I.P.E. CLASSIFIER		16	9/24/99
FORMALITY REVIEW	<i>[Signature]</i>	71521	9/28/99

INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ... Canceled    A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	5/21/99
2	10/21/99
3	4/21/99
4	7/15/99
5	8/31/99
6	10/21/99
7	12/21/99
8	1/21/00
9	2/21/00
10	3/21/00
11	4/21/00
12	5/21/00
13	6/21/00
14	7/21/00
15	8/21/00
16	9/21/00
17	10/21/00
18	11/21/00
19	12/21/00
20	1/21/01
21	2/21/01
22	3/21/01
23	4/21/01
24	5/21/01
25	6/21/01
26	7/21/01
27	8/21/01
28	9/21/01
29	10/21/01
30	11/21/01
31	12/21/01
32	1/21/02
33	2/21/02
34	3/21/02
35	4/21/02
36	5/21/02
37	6/21/02
38	7/21/02
39	8/21/02
40	9/21/02
41	10/21/02
42	11/21/02
43	12/21/02
44	1/21/03
45	2/21/03
46	3/21/03
47	4/21/03
48	5/21/03
49	6/21/03
50	7/21/03

Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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